

WESTMORLAND COUNTY COUNCIL

Annual Report

of the

County Medical Officer of Health
and Principal School Medical Officer



1969

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COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.

December, 1970.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT 1969

Infectious Disease during the past year was quiet. There were no epidemics of note. The low level of Mantoux positive school-children seems to be maintained, and would suggest that the unknown reservoir of T.B. infection is decreasing. On the whole the figures of vaccination in general are better than that of the average for England and Wales, although this does not suggest that they cannot be improved upon.

The gradual change taking place in the functions and districts of the Nurses is commented on in the appropriate section of this report.

In the School Health Service, I regret the impending resignation of Dr. Currah who is of sterling value in the sphere of Child Guidance. There will be difficulty in replacing her. The complete absence of T.B. neck glands in schoolchildren is a tribute to all those who are concerned in the campaign against T.B. The diet of many schoolchildren leaves much to be desired. Many children commence the day with a totally inadequate breakfast, and school milk or even the mid-day meal is often the first proper food the child receives in the day.

In conclusion, I would like to thank all my staff for their ungrudging, cheerful and efficient work through all the years I have been with them, to the Committees for their forbearance and encouragement and to the Chairmen for their support, and to the voluntary workers who have helped so much especially in the Infant Welfare Clinics.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health
and Principal School Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1969

Name	Qualifications	Office	Whole or Pt. Time	Other Offices
John A. Guy	M.D., D.P.H.	County Medical Officer	Whole	Principal School Medical Officer
I. S. Bailey	M.A., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical Officer	Whole	Deputy Principal School Medical Officer
R. Douglas Young	M.D., M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
W. Hugh Morton (Retired 12.8.69)	M.B., Ch.B., M.R.C.P., D.P.H.	Tuberculosis Officer	Part	Consultant Chest Physician
R.J.C. Southern (commenced 12.8.69)	M.B., Ch.B., M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
M. D. McGarry	L.D.S.	Principal Dental Officer	Whole	Principal School Dental Officer
J. B. Millar	B.D.S., L.D.S.	Dental Officer	Whole	School Dental Officer
B. C. Tomlinson (Resigned 31.7.69)	L.D.S., R.C.S.	Dental Officer	Whole	School Dental Officer
A. Dunn	B.D.S.	Dental Officer	Whole	School Dental Officer
K. M. Burnett (Commenced 1.8.69)	B.D.S.	Dental Officer	Whole	School Dental Officer
P. G. Holloway	Social Science Certificate	Mental Welfare Officer	Whole	---
A. Matthews	S.R.N., R.M.N.	Mental Welfare Officer	Whole	---
E. Nicoll	S.R.N., S.C.M., H.V.Cert.	Superintendent Nursing Officer	Whole	---
S. M. Head	Diploma in Institution- al & Catering Management	Home Help Organiser	Whole	---
E. Bland	S.R.Ch., F.R.S.H.	Chiropodist	Whole	---
H. M. Wrigley	L.Ch., S.R.Ch.	Chiropodist	Whole	---

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	504,917
Population (Registrar-General's estimate of resident population, mid-1969)	71,710
Total Rateable Value as on 1st April, 1969	£2,601,754
Estimated product of a Penny Rate (General County) for the financial year 1969/70	£10,542

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1969

	Total	Males	Females
Live Births - Legitimate	986	529	457
Illegitimate	86	40	46
	<hr/>	<hr/>	<hr/>
	1,072	569	503
	<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 of the estimated resident population ..	17.0
Birth Rate, England and Wales,	16.3
Illegitimate Live Birth per cent of total live births, ..	8

	Total	Males	Females
Stillbirths	8	2	6
Rate per 1,000 total live and stillbirths	7		
Stillbirth Rate, England and Wales ..	13		

	Total	Males	Females
Total Live and Stillbirths	1080	571	509

	Total	Males	Females
Deaths of Infants under 1 year of age ..	17	12	5
Death-rate of Infants under 1 year of age:			
All infants, per 1,000 live births .. .. .	..	..	16
Legitimate infants, per 1,000 legitimate live births ..	..	..	15
Illegitimate infants, per 1,000 illegitimate live births	..	..	23
Infant Death Rate, England and Wales, .. .. .	..	..	18

	Total	Males	Females
Neo-Natal Deaths (under four weeks) ..	15	10	5
Rate per 1,000 live births, 14.			
Neo-Natal Mortality Rate, England and Wales, 12.			
Early Neo-Natal Mortality Rate (deaths under one week):			
Rate per 1,000 live births	12.		
Perinatal Mortality Rate (Stillbirths and deaths under one week):			
Rate per 1,000 total live and stillbirths	19		
Deaths from Pregnancy, Childbirth or Abortions	Nil		
Rate per 1,000 total (live and still) births	Nil		
Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.19.			

	Total	Males	Females
Total Deaths	865	428	437
Death Rate per 1,000 of the estimated resident population .. 10.3			
Death Rate, England and Wales, 11.9.			

POPULATION

DISTRICT	Area in acres (Land and Inland Water)	Population
		Registrar General's estimate Mid. - 1969
URBAN		
Appleby	1,877	1,900
Lakes	49,917	5,250
Kendal	3,705	20,160
Windermere	9,723	7,680
RURAL		
North Westmorland	288,688	15,800
South Westmorland	151,007	20,920
WESTMORLAND	504,917	71,710

BIRTH RATE 9

Birth Rate per 1,000 estimated resident population

District					1967	1968	1969
URBAN							
Appleby ..	..	..	..	..	26.2	13.7	15.9
Kendal ..	..	..	..	..	19.3	19.8	18.7
Lakes ..	..	..	..	..	11.3	12.3	11.6
Windermere ..	..	..	..	..	18.6	19.1	15.2
RURAL							
North Westmorland	..	..	..	..	18.8	19.0	17.8
South Westmorland	..	..	..	..	19.0	16.7	17.0
WESTMORLAND ..	..	..	..	..	18.6	17.9	17.0
ENGLAND AND WALES ..	..	..	..	..	17.2	16.9	16.3

The Birth Rates in the Table above are calculated using the comparability factor supplied for the purpose by the Registrar General.

Live Births registered in the last five years were as follows:-

Year	1965	1966	1967	1968	1969
Number of births	1,045	992	1,121	1,105	1,072

DEATH RATE

Death Rate per 1,000 estimated population.

District					1967	1968	1969
URBAN							
Appleby ..	..	..	..	..	15.4	14.0	14.4
Kendal ..	..	..	..	..	12.1	11.6	11.6
Lakes ..	..	..	..	..	8.9	9.6	10.3
Windermere ..	..	..	..	..	8.8	6.7	8.3
RURAL							
North Westmorland	..	..	..	..	12.6	12.2	9.7
South Westmorland	..	..	..	..	10.1	11.7	10.2
WESTMORLAND ..	..	..	..	..	11.0	10.8	10.3
ENGLAND AND WALES ..	..	..	..	..	11.2	11.9	11.9

The Death Rates in this Table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1967 and 1968 in order of maximum fatality in 1969 were as follows:-

					1967	1968	1969
Heart Disease ..	..	..	..	..	300	314	326
Cancer ..	..	..	..	..	173	188	164
Cerebral Haemorrhage ..	..	..	..	..	143	146	132
Other Circulatory Diseases ..	..	..	..	..	43	39	47
Pneumonia ..	..	..	..	..	20	28	35
Bronchitis ..	..	..	..	..	28	32	32
Violence (including accident)	..	..	..	..	49	50	30

It should be noted that owing to changes in the International Classification of Diseases the analysis of causes of death supplied by the Registrar-General is not strictly comparable with the classifications hitherto used.

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY (Under 1 Year)

Rate per 1,000 Live Births

District			1967	1968	1969
URBAN					
Appleby ..	..	..	23	-	-
Kendal ..	..	..	17.0	25.0	14.0
Lakes ..	..	..	-	-	-
Windermere	..	..	-	19.0	12.0
RURAL					
North Westmorland		..	16.0	11.0	27.0
South Westmorland		..	13.0	25.0	14.0
WESTMORLAND ..	..	..	13.0	19.0	16.0
ENGLAND AND WALES	..	..	18.3	18.0	18.0

The Infant Mortality Rates are now given by the Registrar-General and are shown as whole numbers only.

Causes of death during 1969 in Infants under 1 year of age:-

Congenital heart disease...	...	1
Weidnig Hoffman Syndrome	...	1
Prematurity ...	...	7
Hydrocephalus	2
Intracranial haemorrhage	...	2
Septicaemia	1
Atelectasis	2

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COMMENT ON VITAL STATISTICS

For several years it has been customary in this Report to comment on the Vital Statistics, always with the warning that figures relating to relatively small groups must always be viewed with caution, and the same warning applies to the comments below. As stated below the relevant tables on page 9 of this Report, the Birth and Death Rates, are calculated, using the Comparability Factor supplied for this purpose by the Registrar-General. This factor is designed to compensate for variations in the age and sex structure of the population of different areas, and to make the rates so calculated comparable to those of other areas and to the figures for England and Wales.

The number of livebirths during the year, 1,072 is 33 less than in the previous year, and the adjusted Birth Rate has fallen from 16.9 to 16.3. Deaths totalled 53 less than in 1968 and the Death Rate fell to 10.3. Illegitimate births as a percentage of total births rose from 7.5% to 8.0%.

The stillbirth rate (7) dropped and remains below that for England and Wales (13). This rate being based on very small figures, is apt to fluctuate very considerably, but has, for the last five years, been below the national figure.

During the immediate post-War years the infant death rate fell rapidly, and during the last 16 years the rate for England and Wales has continued to fall, though more slowly. The figure for the County on the other hand has fluctuated from rates little over half those for England and Wales to rates slightly above the national figure. The Neo-natal Mortality Rate (deaths of infants under 4 weeks) is an increase on last year, (14 compared with 9.1) and is above that for England and Wales (12), but this is another classic example of a rate which, being based on very small figures, is bound to fluctuate widely.

NURSING SERVICES

There is a gradual change taking place in the Nursing Services. Twenty years ago it was possible to recruit nurses who possessed qualifications in Health Visiting, District Nursing and Midwifery. Now we find that nurses with Health Visiting qualifications wish to do Health Visiting duties only. Similarly State Registered Nurses wish to do Home Nursing duties only. This has now led to the position where a dichotomy has to be made in the nurses' duties. Thus an arrangement has to be made where a Health Visitor takes over the Health Visiting duties of two or more nursing districts whilst a State Registered Nurse continues to do the nursing in each nursing district. Owing to the general shortage of nurses the pattern likely to emerge is where the fully qualified nurse directs a team of less qualified or even unqualified persons to do the nursing within her district. This arrangement makes sense to me in that a fully qualified nurse is not required for bed bathing and other time consuming tasks which can be adequately undertaken by unqualified staff properly supervised.

Nursing Staff

Triple qualified	22
S.R.N., S.C.M.	12
S.R.N.	6
S.C.M., S.E.N.	1
S.E.N.	6
Auxiliary Nurses	5
Night attenders	3

VACCINATION AND IMMUNISATION

Since the Council submitted its original Proposals for providing vaccination against smallpox and immunisation against diphtheria, to take effect from the appointed day (4th July, 1948) for the National Health Service Act, 1946, a number of changes have been made possible by advances in immunology. The Secretary of State for the Department of Health and Social Security is advised on this subject by a Joint Committee on Vaccination and Immunisation, consisting of experts on the subject and as a result of that Committee's recommendations, the following extensions to this branch of the service have been made:-

- 1949 B.C.G. vaccination of contacts with Tuberculosis.
- 1950 Immunisation against whooping cough
- 1954 B.C.G. Vaccination against Tuberculosis of children between 13th and 14th birthdays.
- 1956 Vaccination against Poliomyelitis.
- 1959 Immunisation against Tetanus
- 1967 Vaccination against Anthrax of persons in trades involving risk.
- 1968 Vaccination against Measles.

Active immunity against these diseases is induced either by the use of a living organism of the disease, attenuated to reduce its virulence, e.g. B.C.G. vaccine, oral poliomyelitis vaccine, the measles vaccine at present generally used in this country, and smallpox vaccine; by the use of vaccines using inactivated organisms, e.g. whooping cough vaccine; or by the use of prophylactics, e.g. tetanus and diphtheria, which depend for their action on toxoid which is bacterial toxin rendered harmless with formalin. A common factor of all these products is that they produce their protective effect by stimulating the production, in the person to whom they are administered, of antibodies.

There are a number of conflicting influences needing consideration in determining the optimum sequence and timing of injections, the aim being to secure the most effective immunisation with the minimum of undesirable reaction, and to do so to cover the period when the risk of infection is greatest.

There is however general agreement that immunisation should not commence before the child reaches 6 months of age, as in younger infants the antibody-forming system is not fully developed. The recommended intervals between doses are now longer than was customary in the past, and it is no longer felt inadvisable to give poliomyelitis vaccine at the same time as diphtheria/whooping cough/tetanus vaccine.

As the Department's advice as to recommended times for the various procedures is given in very general terms, e.g. "During the first year of life" it has been felt desirable to advise mothers in rather more specific terms, and the following scheme is recommended in this County.

- (1) 6 months Diphtheria, Tetanus, Whooping Cough (Triple) Poliomyelitis - Oral.
- (2) 8 months Second dose (Triple & Poliomyelitis).
- (3) 14 months Third dose (Triple & Poliomyelitis).
- (4) 2 years Measles.
- (5) 2 years 1 month ... Smallpox.
- (6) 5 years Diphtheria and Tetanus. Poliomyelitis - oral.
- (7) Between 11 & 12 years B.C.G. (Tuberculosis).
- (8) At 15 years or ... Poliomyelitis - oral. Tetanus. (Smallpox re-vaccination if necessary).

Although in the early years of the immunisation campaigns by far the majority of the work fell on the medical staff of local authorities, general practitioners have in recent years taken an increasing part in this work, and the new arrangements between the practitioners and Ministry for remuneration for the work, dating from 1st April, 1967, have accelerated this tendency. Indeed, so few mothers now apply to the Health Department for primary courses of immunisation that it is becoming increasingly uneconomic to arrange special sessions for this work, and an enquiry has been made of the Local Medical Committee as to whether the general practitioners may be willing to undertake the whole of this work.

	Children born 1967			Children born 1968			Small-pox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	Whooping Cough	Diphtheria	Poliomyelitis	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
England & Wales	81	83	80	66	67	65	31
Westmorland	86	86	86	69	69	54	41

Appendices A, B and C show, in the form submitted to the Department of Health and Social Security, details of the work done during 1969, whilst the above Table, showing the percentages of children vaccinated against various diseases in Westmorland, together with comparable national figures, has been supplied by the Department.

The figures in columns (1) - (6) are calculated to show the percentage of children born in 1967 and 1968, who have been vaccinated at any time.

Column 7 includes only children who were vaccinated during 1969 and were under 2 years old at the time, and is calculated as a percentage of children born during 1968.

Investigation of returns over a number of years indicates that by the time they attain the age of 5 years approximately 90% of the children in the County of Westmorland have received a primary course of protection against diphtheria, whooping cough, tetanus and poliomyelitis, and approximately 55% against smallpox.

APPENDIX A

SMALLPOX VACCINATION

Year Ended 31st December, 1969

Age at date of Vaccination	Number of Persons Vaccinated (or revaccinated during period)	
	Number vaccinated	Number revaccinated
0 - 3 months	7	-
3 - 6 months	2	-
6 - 9 months	4	-
9 - 12 months	42	-
1 year	399	-
2 - 4 years	139	3
5 - 15 years	35	50
TOTAL	628	53

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APPENDIX B

TUBERCULIN TEST AND B.C.G. VACCINATION

Year Ended 31st December, 1969

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS

(i) No. skin tested	..	40	
(ii) No. found positive	..	10	
(iii) No. found negative	..	30	
(iv) No. vaccinated	..	47	(this includes infants vaccinated without previous testing).

B. SCHOOL CHILDREN AND STUDENTS

(i) No. skin tested	..	747
(ii) No. found positive	..	12
(iii) No. found negative	..	716
(iv) No. vaccinated	..	716

APPENDIX C

VACCINATION OF PERSONS UNDER AGE 16
COMPLETED DURING 1969

Table 1 - Completed Primary Courses - Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	80	464	26	4	6	11	591
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	1	1	2	11	-	15
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	-	-	1	23	25
8. Salk	-	-	-	-	-	-	-
9. Sabin	61	400	103	19	36	13	632
10. Measles	1	135	179	113	197	24	649
11. Lines 1+2+3+4+5 (Diphtheria)	80	465	27	6	17	11	606
12. Lines 1+2+3+6 (Whooping cough)	80	464	26	4	6	11	591
13. Lines 1+2+4+7 (Tetanus)	80	466	27	6	18	34	631
14. Lines 1+8+9 (Polio)	61	400	103	19	36	13	632

Table 2 - Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	3	101	201	31	158	25	519
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	13	55	12	752	52	884
5. Diphtheria	-	-	-	-	3	-	3
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	2	2	29	146	180
8. Salk	-	-	-	-	-	-	-
9. Sabin	8	80	101	14	469	35	707
10. Measles	-	-	-	-	-	-	-
11. Lines 1+2+3+4+5 (Diphtheria)	3	114	256	43	913	77	1406
12. Lines 1+2+3+6 (Whooping cough)	3	101	201	31	158	25	519
13. Lines 1+2+4+7 (Tetanus)	3	115	258	45	939	223	1583
14. Lines 1+8+9 (Polio)	8	80	101	14	469	35	707

INFANT WELFARE CENTRES

The Local Health Authority provides 15 infant welfare centres, four of which are staffed by Health Visitors only, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal and Appleby operate weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access. Owing to the scattered nature of the population many of the clinics tend to be small, but one feels that there is a definite need even for a small clinic.

In addition to the arrangements outlined on the following pages for the distribution of Welfare Foods, the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

Details of Infant Welfare Centres in operation at the end of the year are given below:-

Area			Centre held at			Frequency of Sessions
Ambleside	..	..	British Legion Room	..	..	Monthly
Appleby	..	..	Old First Aid Post	..	..	Weekly
Bampton	..	..	Memorial Hall	..	..	Monthly
Bowness-on-Windermere			Rayrigg Room	..	..	"
Brough	..	..	Church Hall	..	..	"
Burneside	..	..	Bryce Institute	..	..	"
Endmoor	..	..	Working Men's Club	..	..	"
Kendal	..	..	Health Services Clinic			Weekly
Kirkby Lonsdale	..	..	Institute Hall	..	..	Monthly
Kirkby Stephen	..	..	Youth Centre	..	..	Fortnightly
Milnthorpe	..	..	Parish Church Hall	..	..	"
Shap	..	..	Methodist Chapel Hall	..	..	Monthly
Staveley	..	..	Working Men's Institute			"
Tebay	..	..	Methodist Chapel Hall	..	..	"
Windermere	..	..	St. John Ambulance Rooms			"

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendance at Centres

	1967	1968	1969
Under 1 year	2,878	2,244	2,441
Over 1 year	6,655	6,274	6,129
Average per session	36.8	32.9	32.1

DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at the Kendal Clinic, and other subsidiary centres throughout the county; some at welfare centres, others at the homes of District Nurses, others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The annual distribution figures for Welfare Foods during the preceding 14 full years during which the Local Health Authority has been responsible for distribution are given in the following table:-

Year	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
1955	34,430	8,858	3,089	38,822
1956	33,108	7,676	3,251	40,979
1957	25,768	7,198	3,502	41,824
1958	20,894	4,301	2,924	24,875
1959	20,202	4,218	3,420	26,212
1960	18,117	4,271	3,404	24,017
1961	14,990	2,894	2,706	15,564
1962	15,423	1,263	1,761	10,513
1963	14,595	1,108	1,679	12,204
1964	13,135	1,092	1,634	12,966
1965	12,585	1,129	1,630	13,330
1966	9,156	1,017	1,692	13,447
1967	8,350	913	1,564	13,958
1968	7,846	787	1,295	14,553

The quantities distributed during 1969 were:-

Period	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
1st Quarter	1,603	235	301	3,665
2nd Quarter	1,494	128	294	4,252
3rd Quarter	1,483	166	230	4,342
4th Quarter	1,383	237	275	3,955
Total for Year	5,963	766	1,100	16,214

Increases in the price of National Dried Milk and Orange Juice and the imposition of charges for Vitamin Tablets and Cod Liver Oil would appear to be the reason for the noticeable fall in the quantities distributed from time to time.

Whilst a more varied and adequate diet is certainly available than was the case when these supplements were first issued during wartime, it has been generally accepted that they have contributed in no small measure to the health of the young children, and it remains to be seen whether the same high standard will be maintained without them.

In addition to the commodities referred to above, a fairly wide selection of proprietary infant foods and vitamin supplements is available at the Kendal Clinic for purchase at favourable rates. Foods to the value of £2,225 were disposed of during the 1969-70 financial year.

CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service. The approved proposals are as follows:-

The Council will provide a chiropody service by utilising the services of qualified chiropodists or by aiding voluntary bodies willing to assist in the provision of the service.

Priority will be given to the elderly, physically handicapped and expectant mothers.

The services will initially be based on Kendal and will be extended as circumstances permit to the remainder of the County. The frequency of the service to be provided in any particular part of the County will depend on the demand for the service and the availability of qualified chiropodists.

Where possible use will be made of the Council's clinics, but use will also be made of other suitable premises, including chiropodists' own surgeries, and domiciliary visits will be paid where necessary.

Until July 1967, the work was carried out by a full-time chiropodist who undertook all surgery and domiciliary work in the Kendal, Lakes, and South Westmorland areas, whilst two part-time chiropodists dealt with the cases in the extreme north of the area. Due to the increasing demands on the service, a second full-time chiropodist was appointed on 1st August, 1967, and all the work under the Council's scheme has, since that date been undertaken by the two full-time officers. Since October, 1969, a part-time Chiropodist has been employed in the Patterdale area.

The Ministry now requires the submission of statistics relating to chiropody treatment, and the following is a simplified version of the return for the year ended 31st December, 1969:-

Number of persons treated:-

(i) Persons aged 65 and over	1,518
(ii) Expectant mothers	-
(iii) Others	3
	<hr/>
	1,521

Number of treatments given:-

(i) In clinics	3,644
(ii) In patients' homes	1,520
(iii) In old people's homes	817
(iv) In chiropodists' surgeries	21
	<hr/>
	6,002

CERVICAL CYTOLOGY

The Health Committee first considered this matter early in 1965, at which stage the Ministry of Health were disposed to regard cytological screening as primarily a personal preventive technique for the family doctor, with local health authorities providing facilities only to the extent that such provision was necessary to complement the work of the general practitioners.

After consultation with the Regional Hospital Boards, Consultant Pathologists, and the Local Medical Committee it became apparent that because of limited facilities for examining these specimens at the pathological laboratories, it would be a better arrangement if the clinics were operated under the aegis of the Health Department, and an appropriate amendment of the Council's Proposals for carrying out the duties under the National Health Service Act was submitted to the Minister in July 1965.

Discussion of details with various interested persons and bodies, and the continuing shortage of qualified laboratory technicians delayed the introduction of the scheme until May 1966. When applications for the tests were first invited, the response, in relation to the limited capacity of the laboratories to examine the smears, was overwhelming, and from May to December 1966, 193 tests, all that the laboratory could accept, were carried out.

By the end of 1966 the laboratory was in a position to deal with up to 40 specimens per month and the waiting list was soon cleared, since when the response to repeated advertisement has been somewhat disappointing, a situation which has been commented on in many parts of the country. During 1969, 265 new patients were examined: 242 were normal, 13 required treatment for non-malignant conditions, 9 specimens were technically unsatisfactory, and 1 suspicious case was reported.

All cases requiring further investigation or treatment are referred to the family doctor for treatment or reference to a consultant as he may consider necessary.

Clinics are held in Kendal and arranged when the numbers warrant one. The Service is advertised in the press, approximately at three monthly intervals.

UNMARRIED MOTHERS AND THEIR CHILDREN

The Superintendent Nursing Officer is responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified .. 40

Confinements in:-

Mother's own home	..	..	..	..	..	-
Helme Chase Maternity Home	..	..	..	..	..	32
Penrith Maternity Home	..	..	..	..	..	3
City Maternity Hospital, Carlisle	..	..	..	..	..	-
Other addresses	..	..	..	..	..	5

Disposal of Infants:-

Mother keeping baby	..	..	..	..	..	32
Baby in care of aunt	..	..	..	..	..	-
Baby died	..	..	..	..	..	-
Left district	..	..	..	..	..	4
To foster parents	..	..	..	..	..	-
Adopted	..	..	..	..	..	2
Parents now married	..	..	..	..	..	2

Institutional accommodation for these cases is provided under arrangements made with the undermentioned voluntary homes:-

St. Monica's Maternity Home, Kendal

The Home possesses 21 maternity beds, and during the year 52 maternity cases were admitted, for 15 of whom the Westmorland County Council assumed financial responsibility.

In the case of this Home the apparently low number of admissions relative to the number of beds is largely explained by the fact that patients are admitted at least a month before confinement and retained for at least six weeks afterwards, so as to afford an opportunity for the making of arrangements for the care of the babies.

Cases are also sent to Mother and Baby Homes outside the County when these seem appropriate to the circumstances of particular cases, and in an increasing number of such cases the Diocesan Moral Welfare Workers are now recommending this.

CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1969:-

Born in Hospital:

Stillbirths	..	..	..	..	..	..	4
Live Births	..	..	..	..	..	..	41
Died within 24 hours of birth	..	..	..	..	..	..	6
Died between 1 and 7 days of birth	..	..	..	..	..	..	1
Survived 28 days	..	..	..	..	..	..	34

Born at Home or Nursing Home

Stillbirths	..	..	..	..	..	..	-
Live Births nursed entirely at home or nursing home	..	..	..	..	..	..	1
Died within 24 hours of birth	..	..	..	..	..	..	-
Died between 1 and 7 days of birth	..	..	..	..	..	..	-
Survived 28 days	..	..	..	..	..	..	1
Live Births transferred to Hospital	..	..	..	..	..	..	-
Died within 24 hours of birth	..	..	..	..	..	..	-
Died between 1 and 7 days of birth	..	..	..	..	..	..	-
Survived 28 days	..	..	..	..	..	..	-

REGISTRATION OF NURSING HOMES

(Sections 187 to 194 of the Public Health Act, 1936)

There were 2 registered homes at the end of the year, providing beds for 21 maternity patients and 31 other patients. One other home surrendered its Certificate of Registration during the year. They have been inspected at regular intervals.

In August 1963, the Minister of Health made "The Conduct of Nursing Homes Regulations, 1963", which enable registration authorities to ensure that standards of accommodation, staffing, equipment and facilities generally are appropriate to the type of work done, and the kind of patients accommodated in the home. The authority is also enabled to prescribe the number of patients (both in total, and of any particular type) who may be kept in the home at any time.

These Regulations fill a long-felt need in the field of Nursing Homes Registration, as under the provisions of the Public Health Act, 1936, it was almost impossible to exert any form of control over a Nursing Home once it had been registered.

It is pleasing to be able to report that such changes as were felt to be necessary in the Nursing Homes registered by this Council were in general agreed with the proprietors without resorting to the formal procedure provided for in the Regulations.

The conditions of the homes were satisfactory.

REGISTRATION OF DAY NURSERIES AND CHILD MINDERS

Under the Nurseries and Child Minders Regulation Act, 1948, the Local Health Authority was required to register, and empowered to supervise:-

(a) premises in their area, (referred to as Day Nurseries) other than premises wholly or mainly used as private dwellings, where children were received to be looked after for the day or a substantial part thereof, and

(b) persons, (referred to as Daily Minders) who for reward received into their own homes children under the age of five, to be looked after for the day or a substantial part thereof.

The Act did not apply to residential nurseries or to foster parents, nor was it an offence for a daily minder to receive into her home up to two children of whom she was not the relative, or more than two children from the same household.

The demand for registration of premises or persons was never heavy and apart from one daily minder, generally known in the locality as a "nursery school", though not recognised as such by the Department of Education and Science, who has been registered continuously since June, 1956, a further nursery was registered in 1965, a nursery (belonging to a local factory) and one daily minder, were registered in 1966, and one further nursery in 1967. One or two other persons applied for registration either of themselves or premises, but either did not proceed with their applications or relinquished their Certificates of Registration after very short periods.

About the latter part of 1967 however, considerable interest in day nurseries (usually described as "Play Groups" or Nursery Schools) became apparent and a further 5 nurseries and one child minder were registered during 1968.

Amendments to the Nurseries and Child Minders Regulation Act, 1948, enacted in the Health Services and Public Health Act, 1968, which became operative on 1st November, 1968, extended the scope of the original Act and strengthened local authorities' powers in the following directions:-

(a) a period of two hours in the day (or an aggregate of two hours), was substituted for "a substantial part of the day",

(b) the provision that an offence is committed by a daily minder only if she received more than two children from more than one household is deleted and an offence is now committed by any unregistered person who receives into her home for reward one or more children to whom she is not related.

(c) the maximum penalties for offences are increased to a fine of £50 for a first offence, and for a subsequent offence, to imprisonment for up to three months, a fine not exceeding £100, or both.

The authority is also enabled to refuse to register persons or premises because of the condition, situation, construction, or size of the premises, or the condition of the equipment thereof, or for reasons connected with other persons in the premises concerned. A statement is also required that no person to be employed, or who lives at the premises would be disqualified under the Children Act, 1958, from taking foster children without the consent of the local authority, or has had a child removed from her care under the Adoption Act, 1958.

When registering a person for the care of children in her own home the authority may determine the maximum number of children to be received, and make requirements concerning the number and qualifications of the persons who are to look after the children, the safety and maintenance of the premises and equipment, the feeding of the children and the keeping of records regarding them.

Power is also given to any person authorised by the authority to enter and inspect the home of any registered daily minder, the children received there and the arrangements made for them, including the records. Such a power previously existed only with regard to premises registered as a nursery, the only power of entry to a home being by virtue of a warrant obtained where admission had been refused and there was reason to believe that children were being received in contravention of the 1948 Act.

When enquiries or applications for new registrations are received, in respect either of persons or premises, the County Medical Officer of Health investigates the matter in person, gives such advice as is necessary, and when, in his opinion, the circumstances so require, obtains the advice of the Fire Prevention Officer. The Council has authorised the Clerk of the Council to effect registration in any case in which a satisfactory report has been received from the County Medical Officer and in which the applicant has accepted any recommendation which he may have considered necessary.

The General Purposes Panel has been authorised to determine applications where unfavourable reports may be made, but this has not so far been necessary, as in the few cases where the County Medical Officer has not felt able, for any reason, to recommend registration, the applicant has either found alternative accommodation or has decided not to proceed with her application.

Follow-up inspections of registered premises or persons have in the past been made either by the Deputy County Medical Officer or an experienced Health Visitor, and it is intended that such visits should be made, without prior notice, at intervals of not more than 6 months, normally by a member of the Council's nursing staff.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

During 1969, 95 sessions were devoted to the treatment of mothers and young children. In addition, the equivalent of 10 sessions was devoted to discussions and talks with mothers attending baby clinics.

My thanks to the nursing staff, as always, for their continued help and co-operation in referring patients and for their constant dental health education of these priority groups by increasing their awareness, where necessary, of the advantages of regular dental attention.

M. D. McGARRY.

Part A. Attendances and Treatment.

Number of Visits for Treatment during year

	Children 0 - 4(incl.)	Expectant and Nursing Mothers
First Visit	170	69
Subsequent Visits	94	164
Total Visits	264	233
Number of Additional Courses of Treatment other than the First Course commenced during the year	63	22
Treatment provided during the year -		
Number of Fillings	233	284
Teeth Filled	205	259
Teeth Extracted	87	58
General Anaesthetics given	39	4
Emergency Visits by Patients	17	1
Patients X-rayed	3	19
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	3	41
Teeth Otherwise Conserved	72	
Teeth Root Filled		3
Inlays		3
Crowns		5
Number of Courses of treatment completed during the Year	213	73

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	5
Patients Supplied with other Dentures	5
Number of Dentures Supplied	15

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers ..	38
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Part D. Inspections

	Children 0 - 4(incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year	A. 329	D. 83
Number of Patients in A and D above who required Treatment	B. 189	E. 69
Number of Patients in B and E above who were offered Treatment	C. 189	F. 69

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:

For Treatment.. ..	G. 95
For Health Education	H. 10

HOME HELP SERVICE

The Home Help Service is available to those in need of domestic help for such reasons as: old age, infirmity, confinement, physical disability, mental strain or disability, general illness, pre-operative and post-operative care, and for the care of young children during the absence of their mother.

Help is given on the recommendation of a doctor, midwife, health visitor, district nurse, medical social worker, mental health worker, welfare worker, etc. Any direct application from a prospective patient or unqualified person is carefully checked and help is only given if the Organiser is satisfied there is a real need. If the Organiser is doubtful she seeks the advice of the family doctor.

Prospective patients are visited before help is arranged. The question of charges is discussed and settled as far as possible. Payment for the service is made at the full cost rate of 7/- per hour or alternatively an assessment form is completed and the patient is charged on an income and expenditure basis. If the head of the family is in employment the assessment is based on his gross pay plus family allowances and any other income. If the patient is retired, income from all sources is taken into account, capital assets being dealt with in the manner laid down by the Ministry of Social Security Act. The following scale of allowances is used, when determining the charge.

Basic Expenditure (Normal Requirements)

	£	s.	d.
Husband and Wife	6	13	0
For person living alone who is a householder	4	1	0
<u>For Dependants</u>			
Over 21	3	9	0
Over 18 - under 21	2	15	0
Over 16 - under 18	2	7	0
Over 11 - under 16	1	15	0
Over 5 - under 11	1	8	0
Under 5	1	3	6
Rent and Rates	Actual		
Hire Purchase Payments when in respect of necessary household furniture	Actual		
Resident Home Help	1	13	6
<u>Income</u>			
Lodgers	1	5	6
Sons and Daughters (not dependants):			
Over 21	1	5	6
Under 21		14	0

Administration of the Home Help Service is probably one of the most relatively costly branches of the Health Committee's functions. Not only is the supervision of the workers and allocation of their services a time-consuming job, but the checking of time-sheets, allocation of the time to individual patients for recharging purposes, recording of the charges due, rendering accounts, receiving payments, assessing and re-assessing charges due, involve an enormous amount of the time of the staff of the Health and Treasurer's Department, relative to the cost of the actual useful work done for the patients, despite every effort to reduce paper-work to absolute essentials.

MIDWIVES' ACT

Total number of Midwives practising at the end of the year	50
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District Nurse Midwives	32
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Midwives in Institutions:-

(a) Helme Chase Maternity Home	12
--------------------------------	--------	----

(b) St. Monica's Maternity Home, Kendal	6
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18

Midwives' Notification Forms received during 1969 were as follows:-

Sending for Medical Aid	1
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Stillbirth and death	10
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Having laid out a dead body	-
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Liability to be a source of infection	1
---------------------------------------	--------	---

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Welfare Department, but the County Medical Officer is responsible for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

MENTAL HEALTH

The Training Centre has again proved very popular and is now in the position of having a small waiting-list. The Special Care Unit has proved its worth by taking some of the burden off parents who have hitherto been tied to the house by reason of a severely subnormal child. The Centre is now producing a range of useful household articles and even does picture framing.

AMBULANCE SERVICE

The Ambulance and Sitting Case-car Service have functioned with their customary efficiency during the past year.

AMBULANCE SERVICE
1st January - 31st December, 1969

CALLS

Station	No.	Patients Carried				Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
		Infectious	Accidents	Maternity	Others					
Kendal	5	13	405	257	4,065	4,740	3,324	85	3,409	81,010
Ambleside	1	2	98	5	102	207	153	5	158	5,234
Appleby	1	-	68	39	154	261	225	4	229	15,564
K. Stephen	1	-	43	10	126	179	148	9	157	11,838
	-	-	-	-	-	-	-	-	-	-
1968	9	15	614	311	4,447	5,387	3,850	103	3,953	113,646
1967	7	14	576	258	3,115	4,013	3,318	110	3,428	105,869
		5		271	3,703	4,555	3,248	124	3,372	107,290

Average miles per journey

1967

Kendal	23.47	25.51	27.35
Ambleside	33.13	34.8	35.87
Appleby	67.96	64.4	62.44
Kirkby Stephen	75.4	78.79	74.00

1969

1968

1967

On behalf of other Authorities 76 journeys were carried out with a mileage of 2,668.

TUBERCULOSIS

The Tuberculosis work in the County is now divided between the Manchester and Newcastle upon Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle upon Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes. The Chest Physicians give general directions to the work of the Tuberculosis Visitors.

The County Council has also agreed to accept financial responsibility for cases where admission to a rehabilitation colony or village settlement is recommended by the Tuberculosis Officers, but it is many years since this was found necessary.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and during 1969 40 contacts were tested, of whom 10 were found positive. 47 contacts were vaccinated. This latter figure includes a number of newborn infants vaccinated without any preliminary skin test.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53, and from May 1959 this was extended to all young persons in attendance at schools or other educational establishments.

The following Table gives details of the work done under the scheme during 1969:-

Number Skin Tested	Found Positive	Vaccinated
747	12	716

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the test (indicating that they have previously been exposed to infection) since the commencement of the scheme, as shown in the following Table:-

Year.	Percentage of children found positive.	
1955	...	34.0
1956	...	25.6
1957	...	27.6
1958	...	20.8
1959	...	14.3
1960	...	15.6
1961	...	10.7
1962	...	7.8
1963	...	7.9
1964	...	4.6
1965	...	4.1
1966	...	3.4
1967	...	3.6
1968	...	1.2
1969	...	1.7

TUBERCULOSIS

In the following table are the figures for the notifications of, and death from Tuberculosis in 1969:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
15	1	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
35	-	-	-	2	-	-	-	-
45	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65	1	2	-	-	-	-	-	-
75	-	-	-	-	-	-	-	-
1969	2	2	-	2	-	-	-	-
1968	5	2	-	1	-	-	-	-

TUBERCULOSIS AND OTHER CHEST DISEASES
NORTH WESTMORLAND

1969 has seen some notable changes at the chest centre. With the retirement of Dr. Morton in August, the medical staff has been reduced by $33\frac{1}{3}\%$. During the year reductions of $33\frac{1}{3}\%$ have been made in nursing staff and of 25% in clerical staff.

As the number of new patients referred to the chest centre has shown a reduction of only 162 over 1968, some streamlining of the work has been necessary to prevent the service being completely overwhelmed. Many cases of chronic non-tuberculous respiratory disease are no longer being seen at the chest centre routinely, but only at the request of their doctors, and the unrewarding long-term follow-up of contacts of successfully treated cases of tuberculosis has also been curtailed. It remains to be seen whether these measures are sufficient or whether some curtailment of the present service will be unavoidable.

The new X-ray Department at the City General Hospital was opened in the latter part of the year. Although much less convenient for our patients, who now have to go outside to the new building for their x-rays, a more rapid and efficient service is provided.

A total of 9,637 attendances was recorded at the chest centre during the year, of these 1,437 were new cases; this compares with 1,772 new cases seen at the medical out-patient clinics.

Tuberculosis

Table I shows the number of cases of tuberculosis on the Register at 31.12.69:-

Table I

	East Cumberland	Carlisle City	North Westmorland
Respiratory	130	145	16
Non-Respiratory	18	21	2
Total	148	166	18

63 cases were removed from the Register during the year, of which 29 died of various causes.

Table 2 shows the number of new cases diagnosed during the year, for the three areas of East Cumberland, the City of Carlisle, and North Westmorland, and the the previous five years:-

Table 2

Year	East Cumberland	Carlisle City	North Westmorland
1964	25	14	3
1965	14	20	-
1966	11	20	4
1967	23	13	2
1968	6	12	1
1969	10	12	1

The 11 remaining beds at Blencathra Hospital were given up during the year, all patients now being treated either in Ward 18 at the Cumberland Infirmary or at Longtown Hospital.

The number of chest beds available during 1969 with the number of patients discharged during the years 1968 and 1969 are shown in Table 3.

Table 3

Hospital	Beds available	No. discharged in 1969	No. discharged in 1968
Ward 18, Cumberland Infirmary	13	247	239
Longtown Hospital	26	115	134
Blencathra	* Nil	24	29

* since September 1969.

Two effective new drugs - Rifampicin and Ethambutol - have become available during 1969 and these have proved valuable in treatment of the few drug resistant patients. Any but the most advanced case of tuberculosis can now be almost guaranteed a cure if the correct treatment is given. The old problems remain - the patient who stops taking his drugs after discharge from hospital, the vagrant who decamps in the middle of his treatment, and the contact who refuses to attend for examination.

A disquieting fact is that of the 18 new cases of respiratory tuberculosis notified in 1969, 14 or 77% had a positive sputum test; five years ago this was about 30%. A number of these patients had extensive disease and must have been infectious for months before diagnosis. One wonders whether the absence of mobile mass radiography during the last two years has any bearing on the failure to diagnose cases in the early stages.

Examination of contacts has continued as before. We depend upon the local Authority nurses to supply the names and addresses of those who should be examined. All contacts under the age of 21 are Mantoux tested, and negative reactors are vaccinated with B.C.G. vaccine.

A total of 1,296 new cases were seen compared to 112 for 1968. One case of notifiable disease resulted from these examinations.

Table 4 shows the number of B.C.G. vaccinations carried out during the year:-

Table 4

	Male	Female	Total
Carlisle City	45	40	85
East Cumberland	28	32	60
North Westmorland	2	9	11
Hospital staffs	6	55	61
	81	136	217

The routine examination of all Mantoux positive schoolchildren has been continued. No case of active disease has been found amongst these children during the year.

Bronchial carcinoma

Table 5 shows the number of new cases of bronchial carcinoma seen during the year; the figures show an increase of one case.

Table 5

	Males	Females	Total
<u>East Cumberland</u>			
New cases	21	4	25
Submitted for surgery	6	-	6
<u>Carlisle City</u>			
New cases	16	8	24
Submitted for surgery	-	-	-
<u>North Westmorland</u>			
New cases	8	1	9
Submitted for surgery	-	-	-

17 cases were discovered by Mass Radiography. The outlook remains extremely depressing and 23 of the 58 cases diagnosed had died before the end of the year. There have been no new developments in treatment and prevention remains of prime importance. It is surprising how many of these patients are able to give up smoking cigarettes after the diagnosis has been made and sad that so few smokers are able to stop before they

become ill.

Some of these patients have received palliative radiotherapy at Carlisle and others at Newcastle.

Asthma

Asthma is becoming more prevalent and several interesting discoveries have been made in the past few years. The importance of allergy to the house dust mite as a cause of asthma has been established, and also the place of the mould *Aspergillus Fumigatus* in the production of transient x-ray shadows. The risk of sudden death from over-dosage of packet inhalers is now accepted. Finally, the place of the new drug Di sodium cromoglycate (Intal), which is dramatically successful in some cases of asthma is becoming clearer.

An attempt is being made to put the treatment of asthma on a more scientific basis through the use of sensitivity tests and tests of lung function.

Mass Radiography

The static unit at 1, Brunswick Street has continued to operate throughout the year and there has been an increase in the number of films taken. Table 6 is a summary of the work done.

Table 6

	1969	1968	1967
Miniature films	6,419	6,259	5,726
Referred for clinical examination	324	360	316
Active tuberculosis	4	3	7
Inactive tuberculosis	14	25	9
Bronchiectasis	5	7	19
Neoplasm	17	15	17
Pneumoconiosis	1	1	-
Sarcoidosis	2	2	3
Cardiac conditions	29	36	29
Doctors' cases	3,152	2,966	2,719
Contacts per the chest centre	37	251	59
General public	2,416	2,368	2,335
Works personnel	814	667	613

The value of a mass radiography unit tends to be judged by the number of cases of active tuberculosis discovered, and such cases may not seem an impressive total, but many other significant abnormalities are brought to light through mass radiography, not all of which are specified in the table. Negative reports may also, of course, be most valuable.

Acknowledgements

My thanks are due to Dr. H.L.R. Sargant and to the nursing and clerical staff for their hard work and co-operation during the past year.

R. J. C. SOUTHERN, M.B.,M.R.C.P.

Consultant Chest Physician.

TABLE I

ANTE-NATAL, MOTHERCRAFT and RELAXATION CLASSES

Number of women who attended during the year	Institutional booked	312
	Domiciliary booked	1
	Total	313
Total attendances during the year		1,514

TABLE II

DOMESTIC HELP

Number of cases where Help was provided during 1969:-

(1) Aged 65 years or over	...	...	...	...	...	352
(2) Chronic Sick and tuberculous	...	...	...	...	...	19
(3) Mentally disordered	...	...	...	...	...	2
(4) Maternity	...	...	...	...	...	15
(5) Others	...	...	...	...	...	17
						<hr/> 405

TABLE III

HOME NURSING

	Persons aged under 5 yrs.at first visit	Persons aged 5-65 yrs.at first visit	Persons aged over 65 yrs.at first visit	Totals
No.of persons nursed during the year	180	867	2,295	3,342
No.of visits paid during year	675	12,415	53,582	66,672

CHILD WELFARE CENTRES

TABLE IV

No. provided	No. of children who attended and who were born in:-			No. of sessions held by				Total number of sessions	Total attendances of children who were born in:-		
	1969	1968	1964-67	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1969	1968	1964-67
15	463	427	422	80	94	93	-	267	2441	2801	3328

HEALTH VISITING

TABLE V

	Children born in:			Total children	Persons aged:-		Mentally disordered persons	Persons(excl. maternity cases) discharged from hospitals	Tuber- culous house- holds	Households visited on account of other infec- tious diseases
	1969	1968	1964-7		5-65 yrs.	65 yrs. or over				
No. of cases visited	1,116	1,447	2,427	4,990	312	735	32	45	182	67
No. of visits	7,937	5,593	7,494	21,024	1,463	4,087	151	68	687	78

TABLE VI

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked	Doctor booked	Total	
3	28	31	1,063

TABLE VII

AMBULANCE SERVICES

(1)	No. of Vehicles at 31.12.69. (2)	Total No. of patients (3)	Total No. of Journeys (4)	No. of emergency patients included in col.(3) (5)	Total mileage during period (6)
Ambulances Cars	8 See below*	5,387 39,246	3,953 14,067	614 248	113,646 498,140

NOTE - * The Sitting-case Car Service was provided by voluntary drivers and taxis.

MENTAL HEALTH ACT, 1959
PATIENTS IN COMMUNITY CARE

43

	Mentally Ill		Psychopathic		Sub-normal		Severely Sub-normal		Elderly Mentally Infirm M. F. (17) (18)	Grand Total
	Under age 16 M. F. (1) (2)	16 and over M. F. (3) (4)	Under age 16 M. F. (5) (6)	16 and over M. F. (7) (8)	Under age 16 M. F. (9) (10)	16 and over M. F. (11) (12)	Under age 16 M. F. (13) (14)	16 and over M. F. (15) (16)		
1. Number of patients under L.H.A. care at 31.12.69. Total Number	23	13	-	-	1	3	13	14	-	220
2. Attending day training Centre	-	-	-	-	1	2	11	7	-	50
3. Awaiting entry thereto .. Resident in residential training centre Awaiting residence therein	-	-	-	-	-	-	-	-	-	-
4. Receiving home training ..	-	-	-	-	-	-	-	-	-	-
5. Awaiting home training ..	-	-	-	-	-	-	-	-	-	-
6. Resident in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-
7. Awaiting residence in L.A. home/hostel..	-	-	-	-	-	-	-	-	-	-

Continued/

MENTAL HEALTH ACT, 1959
PATIENTS IN COMMUNITY CARE - continued

	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Elderly Mentally Infirm M. F.	Grand Total
	Under age 16 M. F.	16 and over M. F.	Under age 16 M. F.	16 and over M. F.	Under age 16 M. F.	16 and over M. F.	Under age 16 M. F.	16 and over M. F.		
	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)	(11) (12)	(13) (14)	(15) (16)	(17) (18)	
8. Resident in other home or hostel	-	-	-	-	-	-	-	-	-	-
9. Boarded out in private household ..	-	-	-	-	-	-	-	-	-	-
10. Attending Day Hospital ..	-	-	-	-	-	-	-	-	-	-
Receiving home visits and not included under 2 - 10.										
(a) Suitable to attend a Training Centre -	-	-	-	-	-	5	2	-	-	11
(b) Others ..	23	13	-	-	1	34	-	7	-	159

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER 1969

Referred by:	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Total
	Under age 16 M. F. (1) (2)	16 and over M. F. (3) (4)	Under age 16 M. F. (5) (6)	16 and over M. F. (7) (8)	Under age 16 M. F. (9) (10)	16 and over M. F. (11) (12)	Under age 16 M. F. (13) (14)	16 and over M. F. (15) (16)	
(a) General practitioners	7	3	8	9	-	-	-	-	28
(b) Hospitals, on discharge from in-patient treatment	-	-	4	12	-	-	-	-	17
(c) Hospitals, after or during out-patient or day treatment ..	-	-	1	2	-	-	-	-	5
(d) Local education authorities	6	3	-	-	-	-	-	-	10
(e) Police and courts ..	3	-	1	3	-	-	-	-	8
(f) Other sources ..	7	3	11	12	-	-	5	2	48
(g) Total	23	9	25	38	-	-	5	2	116

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer - JOHN A. GUY, M.D.,D.P.H.

Deputy Principal School Medical Officer -

I.S. BAILEY, M.A.,M.R.C.S.,L.R.C.P.,D.P.H.

Principal School Dental Officer - M. D. McGARRY, L.D.S.

School Dental Officers -

J. B. MILLAR, B.D.S.,L.D.S.

B. C. TOMLINSON, L.D.S.,R.C.S. (Resigned 31.7.69)

A. DUNN, B.D.S.

K. M. BURNETT, B.D.S. (Commenced 1.8.69)

Audiometrician - Part-time: MRS. V. I. BIELBY.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye - O. M. DUTHIE, M.D.,F.R.C.S.

Diseases of the Chest -

Dr. W. HUGH MORTON, Consultant Chest Physician, Chest Centre, Carlisle. (retired 12.8.69).

Dr. R.J.C.SOUTHERN. (Commenced 12.8.69).

(Consultant Chest Physician).

Dr. R. DOUGLAS YOUNG, Consultant Chest Physician, Lancaster and Kendal.

Consulting Psychiatrists -

Dr. R. C. CUNNINGHAM, Medical Superintendent, Royal Albert Hospital, Lancaster.

Dr. J. CURRAH, M.B.,B.S.,D.P.M., Consultant Child Psychiatrist, Lancaster Moor Hospital, Lancaster.

THE EDUCATION AREA

County of Westmorland:-

Area	...	...	...	...	...	504,917 acres
Population (estimated mid-1969)	...	...	...	...	...	71,710
Estimated Product of ld. Rate, 1969/70	...	...	...	...	...	£10,542
Number of Schools - Primary	...	...	...	...	...	80
Secondary	...	...	...	...	...	11
Nursery	...	...	...	...	...	1
Special	...	...	...	...	...	2
Number of pupils (January 1969) -	...	...	...	...	...
Primary	...	...	...	...	...	6,427
Secondary	...	...	...	...	...	4,224
Nursery	...	...	...	...	...	58
Special	...	...	...	...	...	87
						<hr/> 10,796 <hr/>

MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected. Despite efforts to obtain the safest milk available, too many schools are still supplied with Untreated Milk, and the position cannot be regarded as entirely satisfactory until all supplies are heat-treated and delivered in one-third pint bottles.

County Schools

Designation of milk supplies.	No. of schools
Untreated	22
Pasteurised	59
	<hr/> 81 <hr/>
Number of schools taking milk in other than $\frac{1}{3}$ pint containers	13

By arrangement with the Council's sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 44 samples taken 11 failed to satisfy the prescribed tests.

From the end of the Summer Term, 1968, supplies of milk to all schools, maintained or independent, having senior pupils on their registers, were terminated as part of the Government's economy measures, and the Local Education Authority, owing to the need to curtail its expenditure, no longer felt it possible to continue to supply milk under this scheme to any Independent School after the end of the 1968-69 financial year.

Infestation (Uncleanliness)

During the past year 19,860 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 115 compared with 84 during the previous year. These figures show an unwelcome increase over the record low figure reported in 1965, but compare favourably with 708 children found unclean in 1945.

The following Table shows the incidence of infestation during the past ten years.

Year	No. of examinations for uncleanliness.		No. of children found unclean		Per cent of children found unclean.		
1960	...	18,693	...	...	107	...	1.5%
1961	...	19,124	...	...	94	...	1.8%
1962	...	19,287	...	...	82	...	1.3%
1963	...	18,736	...	...	110	...	1.7%
1964	...	18,502	...	...	71	...	1.0%
1965	...	16,956	...	...	35	...	0.5%
1966	...	15,691	...	...	72	...	1.0%
1967	...	19,029	...	...	71	...	1.0%
1968	...	16,615	...	...	84	...	1.1%
1969	...	19,860	...	...	115	...	1.4%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids now comprise only a small proportion of the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 10 pupils were referred to hospital on account of this defect as a result of school medical inspection, evidence is available to show that no less than 125 children received operative treatment for adenoids and chronic tonsillitis during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

The Department of Education and Science is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking medical officers to record for each child seen at periodic inspection whether he or she has undergone the operation at any previous time.

The figures observed in this County in 1969 are as follows:-

	No. examined	No.who had had tonsillectomy	Percentage
Entrants ..	1,117	10	0.9
Intermediates	1,002	93	9.0
Leavers ..	700	90	12.9
Others ..	293	53	18.1

Children with special defects or abnormalities are referred to the hospitals in Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhoea, increasing deafness and infected sinuses, and particularly children found to be deaf as a result of routine audiometric surveys in the schools. The following list illustrates the type of case referred:-

Condition	No.of children referred.
Defective hearing	20
Enlarged tonsils and adenoids with other symptoms ..	10
Other ear, nose and throat defects and infections ..	5

Speech Therapy

Number of children who have attended for Speech	
	Therapy .. 112
Number of attendances made	1,728

Up to the time of writing we have still been unable to obtain a permanent full-time Speech Therapist to replace Miss Cade who resigned in August 1963, although, since April 1966, we have had the part-time services of Mrs. Spencer, and, since 1st November, 1968, the whole-time services of Miss Wilkinson, who was available until the summer of 1969. Miss Wilkinson left on the 31st July 1969.

Audiometric Surveys

In 1960 the Committee decided to institute routine audiometric surveys of children in attendance at maintained schools in the County. Now that this work is carried out by a part-time member of the staff who has no other duties it is possible to arrange the programme at times more convenient to the schools, and arrangements were made for the Audiometrician to receive instruction at Mr. Freeman's Ear, Nose and Throat Clinic, and also to attend a course of instruction in this work at Manchester University.

The normal procedure is for all children in attendance at a school to be subjected to a Sweep Test, using the Amplivox Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there are unsatisfactory on account of noise, etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions, and when these exist the test is repeated when the condition has resolved.

Children whose response to further testing is still unsatisfactory are then seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

Figures showing the work undertaken in this connection are given below:-

Schools visited	...	...	...	...	50
Number of children Sweep tested	...	...	...	...	1,093
Number of diagnostic tests	...	...	...	...	177
Requiring further investigation	...	...	...	...	131

Child Guidance Clinic

Since 29th July, 1968, the Authority has had the services for one day per week of Dr. Joan Currah, Consultant Child Psychiatrist of the new Child Psychiatric Unit set up by the Manchester Regional Hospital Board at Lancaster Moor Hospital. Dr. Currah holds regular clinics in Kendal.

The services of Dr. R. C. Cunningham continue to be available for advice in cases of mental abnormality and educational matters relative thereto.

Number of cases during 1969	...	...	...	55
Number of attendances	...	...	...	263

School Clinics

The Department has requested that this Report should give the location and details of the sessions held at the School Clinics, and the relevant information is given below:-

<u>Location</u>	<u>Types of Clinics</u>	<u>Frequency of Sessions</u>
Health Services Clinic, Kendal	Dental treatment	Daily
	Ophthalmic examination	Weekly
	Speech Therapy	As required
	Vaccination	As required
	Child Guidance	Weekly
U.D.C. Offices, Ambleside.	Dental	As required
Appleby Clinic	Dental	As required
	Vaccination	As required

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.

Number of children known to be attending Hospital Out-Patient Departments during the year was 111.

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school-teachers or the Educational Adviser to the School Medical Officer who examines them and reports to the Local Education Authority. The number of cases examined during the year was 47, of whom 12, were recommended for admission to Special Schools for educationally subnormal pupils, 1 for partially hearing pupils, and 1 for blind pupils.

In addition, 2 children were found to be ineducable and recommended for action under Section 57(4), Education Act, 1944. Thirteen children were referred for further examination after a trial period; 15 children were recommended for special help in ordinary schools, and 3 children were referred to Child Guidance Clinic. A copy of the report on each case is submitted to the Educational Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The position with regard to the placing of pupils in special boarding schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend, whilst the opening of Roundhills School, Kendal, a day Special School for Educationally Subnormal Pupils has gone far to remove the main cause of objection on the part of parents, i.e. unwillingness to allow children to leave home.

I am indebted to the Director of Education for the figures in the Tables on pages 65, 66 and 67.

Treatment of Defective Vision

All schoolchildren found to be suffering from refractive errors are referred for examination under the General Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, sessions are held as required at the Kendal Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Mr. O. M. Duthie, F.R.C.S., formerly Consultant Ophthalmologist at Manchester Royal Eye Hospital, now undertakes the work at the Kendal Clinic.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision .. 437

B.C.G. VACCINATION OF SCHOOLCHILDREN

A full report on the B.C.G. Vaccination arrangements is given in the Report of the County Medical Officer of Health, but it may be mentioned here that during 1969 the following work relating to schoolchildren was undertaken:-

Number Skin Tested	Number Positive	Number Vaccinated	Percentage Positive
747	12	716	1.7

The percentage of children found positive shows a slight increase on the figure for the previous year.

POLIOMYELITIS VACCINATION

This work is carried out under the control of the Local Health Authority, but I would here like to acknowledge once again the ready co-operation of the teachers and their forbearance in the frequent interruption of the school routine which repeated visits to the schools in connection with this work entails.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
FOR THE YEAR 1969

I have the honour to present the Annual Report for the School Dental Service for the County of Westmorland for 1969. The Statistical tables will be found on pages 63 and 64.

Staff

The only change to report during 1969 was the resignation of Mr. B.C. Tomlinson with effect from 31st July, and his immediate replacement by Mr. K.M. Burnett who took up duty on 1st August.

Dental Inspection and Treatment

Inspection figures overall show a 12% increase from 1968. It is unfortunate that the schedule of one of our Mobile Dental Clinics was disrupted when the Clinic was destroyed by fire in the latter part of the year.

Treatment figures show an appreciable increase. In so far as it is possible to measure the output of a dental service, the overall increase is of the order of 15%.

Output alone is not truly indicative of the success of the service but it does at least indicate the enthusiasm of the Staff.

Dental Health Education

Slightly more time was devoted to dental health education than in 1968. A comprehensive Dental Health Exhibit was on show at the County Show in September. This included a Mobile Stand provided by the General Dental Council and one of our own Mobile Clinics. Unfortunately weather conditions affected the attendance at the Show and the exhibit did not have the impact for which we had hoped.

Clinical Accommodation

The fixed Clinic in Kendal is satisfactory. The fixed Clinic in Appleby is substandard but we look forward to its replacement in the near future.

The part-time fixed Clinic in Ambleside is unsatisfactory and the amount of work which can be economically carried out there has fallen over the years.

As in previous years, I would strongly recommend the discontinuance of this clinic and its replacement by a Mobile Dental Clinic with much more flexible possibilities of use.

Our 10 year old Mobile Clinic was destroyed by fire as mentioned earlier in this report. The fabric is being replaced by a new caravan and the equipment is being refurbished apart from those items which have been written off and have to be replaced.

Our other Mobile Clinic is now 12 years old. Its condition is excellent for its age, but its replacement by a new vehicle with more up to date equipment must be considered within the next few years.

Our patients are entitled to treatment with the most modern equipment and techniques reasonably available. Good clinical accommodation and equipment is in itself an advertisement for the Service.

Finally, our staff, who have worked so enthusiastically must not be subjected to the frustration of working in poor accommodation or with obsolete equipment.

In conclusion, I wish to thank Dr. Guy for his continued support, the teaching staff for their generous co-operation and all members of the dental staff for another year's continuous effort on behalf of the Service.

M. D. McGARRY,

Principal School Dental Officer.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected		Pupils found to require treatment		Total individual pupils
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any of the other conditions recorded in Pt. II	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later	166	166	-	1	7	8
1964	742	742	-	7	34	38
1963	209	209	-	2	4	6
1962	71	71	-	3	-	3
1961	66	66	-	4	2	6
1960	38	38	-	1	1	2
1959	865	865	-	28	10	38
1958	137	137	-	6	2	7
1957	67	67	-	3	1	4
1956	22	22	-	2	1	3
1955	29	29	-	2	1	2
1954 and earlier	700	700	-	20	3	22
Total	3112	3112	-	79	66	139

Col. 3 as percentage of Col. 2 - 100%. Col. 4 as percentage of Col. 2 - Nil.

B - OTHER INSPECTIONS

Number of Special Inspections	67
Number of Re-Inspections	3,691
	<hr/>
Total ..	3,758
	<hr/>

C - INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	19,860
(ii) Total number of individual pupils found to be infested	115
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	12
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	NIL

PART II. - DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR

Defect code	Defect or Disease		Periodic Inspections				Special Inspec- tions
			Entrants	Leavers	Others	Total	
4	Skin	T	2	-	2	4	-
		O	36	12	24	72	-
5	Eyes (a) Vision ..	T	11	16	52	79	11
		O	61	31	183	275	12
	(b) Squint ..	T	12	-	3	15	-
		O	51	1	16	68	-
	(c) Other ..	T	-	-	-	-	1
		O	4	-	7	11	-
6	Ears (a) Hearing ..	T	6	-	2	8	1
		O	85	1	53	139	16
	(b) Otitis Media	T	1	-	-	1	-
		O	35	2	25	62	1
	(c) Other ..	T	-	-	-	-	-
		O	2	1	-	3	-
7	Nose and Throat ..	T	7	-	3	10	1
		O	217	5	67	289	5
8	Speech	T	9	-	2	11	1
		O	21	1	8	30	1
9	Lymphatic Glands ..	T	-	-	-	-	-
		O	180	4	49	233	4
10	Heart	T	-	-	-	-	-
		O	5	2	-	7	-
11	Lungs	T	-	-	-	-	-
		O	29	4	22	55	-
12	Develop-mental (a) Hernia	T	3	1	-	4	-
		O	15	-	4	19	-
	(b) Other	T	3	-	3	6	-
		O	42	-	30	72	-
13	Ortho-paedic (a) Posture	T	-	-	-	-	-
		O	1	5	5	11	-
	(b) Feet ..	T	3	-	2	5	-
		O	97	21	69	187	-
	(c) Other ..	T	1	1	-	2	-
		O	20	4	16	40	1
14	Nervous System (a) Epilepsy	T	-	-	1	1	-
		O	-	1	1	2	-
	(b) Other ..	T	-	-	1	1	-
		O	15	1	11	27	1
15	Psycho-logical (a) Devel-opment	T	-	-	-	-	-
		O	2	1	5	8	2
	(b) Stability	T	-	1	-	1	-
		O	2	-	8	10	3
16	Abdomen	T	-	-	-	-	-
		O	4	2	8	14	-
17	Other	T	1	-	-	1	-
		O	18	12	39	69	3

T = found to require treatment.

O = found to require observation.

PART III

A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:

External and other, excluding errors of refraction and squint	-
Errors of refraction, including squint	437
	<hr/>
Total	437
	<hr/>

Number of pupils for spectacles were prescribed 189

B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been treated:

Received operative treatment:-

(a) for diseases of the ear	3
(b) for adenoids and chronic tonsillitis	125
(c) for other nose and throat conditions	18
Received other forms of treatment	13
	<hr/>
Total	159
	<hr/>

Total number of pupils known to have been provided with hearing aids:-

(a) in 1969	4
(b) in previous years	21

C - ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:-

(a) Treated at clinics or out-patient departments ..	111
(b) Treated at School for postural defects	-
	<hr/>
Total	111
	<hr/>

D - DISEASES OF THE SKIN (excluding Uncleanliness, for which
see Table C of Part I)

							Number of cases known to have been treated
Ringworm - (a)	Scalp	..	..	..	..	..	-
	(b) Body	..	..	..	..	..	-
Scabies	..	..	..	..	..	..	-
Impetigo	..	..	..	..	..	..	10
Other skin diseases	..	..	..	..	..	..	-
Total ..							<u>10</u>

E - CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	55
---	----	----

F - SPEECH THERAPY

Pupils treated by Speech Therapists	112
--	----	-----

G - OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:

(a) Pupils with minor ailments ..	..	-
(b) Pupils who have received convalescent treatment under School Health Service arrangements		-
(c) Pupils who received B.C.G. vaccination ..		747
(d) Other:		
Miscellaneous Medical and Surgical conditions		<u>147</u>
Total ..	..	<u>894</u>

NOTE - It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.

SCHOOL DENTAL SERVICE

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
1. <u>Attendances & Treatment</u>				
First Visit.. ..	2,172	1,780	651	4,603
Subsequent visits ..	1,099	1,640	547	3,286
Total visits	3,271	3,420	1,198	7,889
Additional courses of treatment commenced ..	357	264	182	803
Fillings in permanent teeth	1,588	3,928	1,661	7,177
Fillings in deciduous teeth	2,274	72	-	2,346
Permanent teeth filled ..	1,349	3,389	1,481	6,219
Deciduous teeth filled ..	2,069	66	-	2,135
Permanent teeth extracted	87	554	237	878
Deciduous teeth extracted	1,233	410	-	1,643
General anaesthetics ..	241	52	5	298
Emergencies	286	130	27	443

Number of Pupils X-rayed	72
Prophylaxis	273
Teeth otherwise conserved	732
Number of teeth root filled	12
Inlays	7
Crowns	12
Courses of treatment completed	4,179

2. Orthodontics

Cases remaining from previous year	40
New cases commenced during year	54
Cases completed during year	44
Cases discontinued during year	6
Number of removable appliances fitted	61
Number of fixed appliances fitted	-
Pupils referred to Hospital Consultant	25

3. Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	3	3
Pupils supplied with other dentures (first time)	1	13	8	22
Number of dentures supplied	1	15	13	29

4. Anaesthetics

General Anaesthetics administered by Dental Officers 255

5. Inspections

(a) First inspection at school. Number of Pupils. .. 8,653

(b) First inspection at clinic. Number of Pupils .. 454

Number of (a) + (b) found to require treatment 6,012

Number of (a) + (b) offered treatment 5,644

(c) Pupils re-inspected at school clinic 994

Number of (c) found to require treatment .. 853

6. Sessions

Sessions devoted to treatment 1,310

Sessions devoted to inspection 97

Sessions devoted to Dental Health Education 50

RETURN OF HANDICAPPED PUPILS

(1) Blind (2) Partially sighted	(3) Deaf (4) Partial hearing	(5) Physically Handi- capped (6) Delicate (5) ; (6)	(7) Maladjusted (8) Educa- tionally subnormal	(9) Epileptic (10) Speech Defects	Total 1-10
(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)	(11)

In the Calendar Year:-

A. Handicapped Pupils newly assessed as requiring education at Special Schools or Boarding in homes ..

B. (i) Handicapped Pupils (included at A) Newly placed in Special Schools or Homes

(ii) Of the children assessed prior to January, 1969, numbers who were newly placed in special schools (other than Hospital Special Schools) or boarding homes

Total B(i) and B(ii) ..

Number of children who were subject to new decisions recorded under Section 57 of the Education Act, 1944 3
Number of children for whom reviews were carried out under the provisions of Section 57A of the Education Act, 1944 NIL

Number of decisions cancelled under Section 57A(2) of the Education Act, 1944

C. On 22nd January, 1970, Number of Handicapped Pupils requiring places in Special Schools:

(i) Total - (a) Day .. 21
(b) Boarding .. 3

RETURN OF HANDICAPPED PUPILS (continued)

	(1)Blind (2)Partially sighted	(3)Deaf (4)Partial hearing	(5)Physically Handi- capped (6)Delicate	(7) (8)Educa- tionally subnormal	(9) (10)Speech Defects	Total 1-10					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii)Number in (i) above who have not reached the age of five years -											
(a)Awaiting day places ..	-	-	-	-	-	-	-	-	-	-	-
(b)Awaiting boarding places	-	-	-	-	-	-	-	-	-	-	-
(iii)Number in (i) above who have reached the age of 5 years but whose parents had refused consent to their admission to Special School (a)Awaiting day places	-	-	-	-	-	-	-	1	-	-	1
(b) Awaiting boarding places	-	-	-	-	-	-	-	2	-	-	2

On 22nd January, 1970:-

D. (i)Number of Handicapped Pupils
from the area -

(a)attending maintained Spec-
ial Schools as Day Pupils

As Boarding Pupils ..

(b)were on the registers of
non-maintained Special
Schools

-	-	-	1	-	-	-	-	73	-	-	74
-	-	-	1	-	-	-	-	10	-	-	12
2	1	-	6	-	1	-	-	2	-	-	12

RETURN OF HANDICAPPED PUPILS (continued)

(1) Blind (2) Partially sighted	(3) Deaf (4) Partial hearing	(5) Physically Handi- capped (6) Delicate	(7) Maladjusted (8) Educa- tionally subnormal	(9) Epileptic (10) Speech Defects	Total 1-10
(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)	(11)
-	-	-	2 4	-	6

(ii) Were on the registers of Independent Schools (under arrangements made by the authority)

E. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:-

(i) In Hospitals
(ii) In other groups
(iii) At home

- - -
- - -
- - -

TYPE OF EXAMINATION AND/OR TREATMENT

provided, at the School Clinics, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment	Number of School Clinics (i.e. premises) where such treatment is provided -	
	directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment ..	-	-
B. Ophthalmic * ..	1	-
C. Ear, Nose and Throat	-	-
D. Paediatric + ..	-	-
E. Speech Therapy ..	1	-
F. Sunray (U.V.L.) ..	-	-
G. Vaccination and Immunisation	2	-
H. Audiology	-	-

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

+ Clinics for children referred to a specialist in children's diseases.

CHILD GUIDANCE CENTRES

Number of Child Guidance Centres provided by the Authority 1

Staff of Centres	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists.. ..	1	0.2
Educational Psychologists	1	0.1
Psychiatric Social Workers	Nil	Nil
Others (specify)		
Mental Welfare Officer ..	1	0.4

The Psychiatrist is made available by the Manchester Regional Hospital Board.

